



City of Madisonville

67 North Main Street

PO Box 705

Phone: 270-824-2196 Fax: 270-824-2197

HVAC FORMAL CONSUMER COMPLAINT

Owner(s) Name _____ Phone # _____

Address _____ City _____ State ____ Zip _____

Company Name _____ Phone # _____

Company Owner(s) Name _____ Master License # _____

Address _____ City _____ State ____ Zip _____

Company Phone # _____ Date of Installation _____

The Board may revoke, suspend, place on probation or restrict the license or certificate holder; refuse to issue or renew a license or certificate; or reprimand, censure, or fine a licensee or certificate holder for violation of KRS 198B.650 to KRS 198.689.

Check all that apply below:

HVAC person *not* licensed.

Incompetence of or deliberate disregard and violation of building codes and applicable codes.

Faulty installation, maintenance, alteration or repair of:

Heating System

Cooling System

Ventilation System

Other _____

Are/is there currently on-going court litigation in this matter? If yes, briefly explain _____

I understand and agree that I may be subpoenaed to testify if a hearing is held before the HVAC Board as a result of this formal consumer complaint.

Owner(s) Signature _____ Date _____

